



### Quarterly Program Performance Report

Emergency Response to Life Threatening Malnutrition in Jonglei, South Sudan

AID-OFDA-G-14-00186

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<b>Program Title:</b>	Emergency response to life-threatening malnutrition in Jonglei, South Sudan
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### Executive Summary

This report provides an overview of progress made as a result of work done by Tearfund in OFDA funded areas of operation (Modit, Karam and Dakriang) for the 3<sup>rd</sup> quarter of the project. It also comes at a time when the project implementation period is two months away from completion. All three of the planned feeding centers have been set up and are fully functional. The centers offer nutrition treatment services for children with moderate acute malnutrition (MAM), malnourished pregnant and lactating mothers (PLW) and children with severe acute malnutrition (SAM) without medical complications. The feeding centers also provide preventive services which includes community screening and referral, health and Nutrition education, outreach activities that such as the promotion of infant and young child feeding (IYCF) practices.

For the third reporting period 2,839 beneficiaries (2, 621 Pregnant and lactating women and 218 men all aged between 15-49 years of age) were reached with behavior change intervention. A total of 29 staff (16 female and 13 male) and volunteers were trained on Community-based Management of Acute Malnutrition (CMAM) and IYCF, while 560 children aged between 6-59 months and pregnant and lactating women (231 girls, 96 PLW and 233 boys) were treated for moderate malnutrition. Another 262 children aged between 6-59 months (127 female and 135 male) were treated for severe malnutrition. During the reporting period (April –June), security greatly deteriorated as government troops advanced towards Uror County in a place called Pajut, to the south west of the County. On two occasions there was intensive fighting between the governments and opposition forces leading to displacement and population movements, including our staff and beneficiaries. As troops moved north eastwards from Pajut, in the neighboring Duk County, Padiek and Yuai (in Uror County) to Pieri, Pathai, Pulchuol, and Modit while others moved as far as Motot. The fighting has since reduced (due to heavy rains), but the situation remains tense. One Tearfund run feeding center in Padiek (not funded by this grant) remains inactive due to its proximity to the frontline. Even though the

situation remains calm, there is continued fighting in the neighboring Upper Nile State which could spill into Uror as the threat of war remains a reality since government troops are still present in Pajut, Duk County.

## **1. Security Concerns**

The security situation in Uror County was relatively calm until the beginning of 2015. There had been rising tensions and rumors of impending government attack on IO forces. In recent months these rumors turned into reality violent fighting broke out between government and opposition forces in Pajut, Duk County. Starting in May through until the second week of June, there was fighting between SPLA Juba and SPLA-in-opposition (IO) forces in a bid by the government to take over the IO held areas. This fighting led to huge population movements as people fled from the frontline areas to the Motot side.<sup>1</sup> However, this attack did not spill into Uror County and the situation has since calmed down although government and IO troops remain stationed on the frontline area in Pajut.

As a result of the attack, the community from Pajut, Yuai, and Padiiek fled their locations (in the south west of the county) and moved north eastwards towards Modit, Pieri, Pathai and as far as Pulchuol and Motot. A large number of people settled in Pieri, from where the Nutrition team has been carrying out screening for malnutrition using mid-upper arm circumference (MUAC) and referring as appropriate to the nutrition programs for treatment. Residents who had moved from Yuai returned home after a few weeks when they heard that their homes were being broken into and looted. They have since remained in their homes as the situation has slightly improved in Yuai. However, the situation is still volatile in Padiiek due to its proximity to the frontline and the population in Pieri and other payams continue to live with the host communities. It is also important to report that the forces, mainly the armed youths (white army), who had been mobilized to fight raided and looted the Padiiek feeding center (not under this grant), taking 149 cartons of plumpy nut and 239 cartons of supplementary plumpy nut. The feeding center is still inactive as the location is close to the frontline and still harbors armed youths. As a result, the feeding center remains deserted and the threat to staff and beneficiaries of reopening it would be too great. In this context, the situation cannot be described as stable since government troops as well as those of the IO are stationed in both Pajut and Ayod. Tearfund remains vigilant, observes the security indicators which are regularly updated, but continues to provide the much needed lifesaving services in the county. The security plan is in place and coordination with Juba Office and OCHA is active in case there is need for evacuation of relocatable and expat staff. Tearfund Motot is also in regular contact with other NGOs operating in the area to exchange security-relevant information.

The security situation in and around the villages of Modit, Karam, and Dakriang where the OFDA-funded feeding centers operate has remained relatively stable throughout the reporting period. As a result of this relative calmness, the areas have been a safe haven for people fleeing from the frontline; the IDPs from Pajut and Padiiek are still living with the host communities in Modit and parts of Karam.

## **2. Progress**

### **2.1. Infant and Young Child Feeding and Behavior Change (IYCF & BC)**

As mentioned in the Q2 report, Tearfund's approach to community-based IYCF has been adopted in all the three OFDA funded feeding centers, as well as all other centers run by Tearfund, and is UNICEF recommended and worldwide accepted. In this approach, mother support groups of 12 members have been formed and are supported by IYCF facilitators and counsellors to carry out learning session using IYCF counselling cards. Consequently, 57 support groups have been set up in the OFDA funded facilities, and 3 IYCF facilitators and 15 IYCF Counsellors have been trained. Group members carry out weekly and bi-weekly group sessions as agreed at community level. Health and nutrition sessions are also conducted at feeding centers and in the communities, based on key health and nutrition messages and counselling cards.

Using the IYCF and health & nutrition approaches, 2,839 adults (between 15-49 years) were reached with nutrition education messages (2, 621 were pregnant and lactating mothers) while 218 were male. Using these approaches, Tearfund trained staff promoted recommended infant and child feeding practices as well as health, hygiene and sanitation practices. Tearfund plans to expand the IYCF interventions to cover as many

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<sup>1</sup> A joint rapid protection assessment during the first week of June between Tearfund and Non-Violent Peace Force showed that 594 IDPs from Pajut, Padiiek and Yuai were in Pieri.

pregnant and lactating mothers as possible by identifying and training counsellors as well as working with local leaders to facilitate the process.

## 2.2. Management of Moderate Acute Malnutrition (MAM)

Management of moderate acute malnutrition is conducted through the Targeted Supplementary Feeding Program (TSFP). This program is further classified into treatment of moderate acute malnutrition for children aged 6-59 months, and treatment of moderate acute malnutrition for pregnant and lactating mothers. 464 children and PLW (231 girls, 233 boys and 96 PLW) were admitted into the programme during the third quarter. A total of 195 children were discharged from the TSFP; of these; 85.6% (n=167) were cured, 0% died, 11.3% (n=22) defaulted, 0.5% (n=6) non response while 2.6% (n=5) were transferred to Outpatient Care (OTP). This result indicates that the sphere standards for TSFP (children 6-59 months) were met. One challenge for TSFP (PLW) activities was the lack of supplies caused by pipeline breakages. This has affected the number of admissions as well discharges. For example 96 pregnant and lactating women (PLW) were admitted into the program and only 5 were discharged. As a result, it is unlikely that the targeted number of PLWs (as shown in the table below) will be reached. In the meantime, Tearfund remains engaged with UNICEF, the Logistics Cluster, and the Nutrition Cluster to expedite the delivery of supplies to Uror County. Unfortunately, this has put additional pressure on the program to charter additional flights to transport much needed plumpy nut to the program sites in order to continue treatment of as many cases as possible.

## 2.3. Management of Severe Acute Malnutrition (SAM)

Treatment of severe acute malnutrition with no medical complications continues to be carried out in the Outpatient Therapeutic Program (OTP), with all the OFDA supported sites operational. A total of 262 children aged 6-59 months were admitted into the OTP for treatment, while 187 were discharged. Of those discharged, 75.4% (n=141) were cured, 2.1% (n=4) died, 11.2% (n=21) defaulted, 8.0% non-response and 3.2% (n=6) referred to an inpatient facility these performance indicators met the sphere standards, although, default rate was relatively high. Reports from extension workers and community nutrition volunteers have indicated that mothers/caretakers prioritize cultivation during the planting season over nutrition services and thus at times do not turn up for nutrition services. In addition to this security fears during the reporting period have forced some people to leave their homes. The project team has since increased the follow up activities in order to reduce defaulting, although these efforts were upset by the cultivation period which happened during the third quarter and the reported movement of people to Ethiopia and Akobo due to insecurity. In Modit, Karam and Dakriang, children with severe malnutrition and with medical complications were referred to the SC at MSF Holland Hospital in Lankien. The mothers/caretakers were supported with a standard living allowance for the period while their children are admitted.

### Summary of Admissions (April-June 2015)

<i>Center</i>	<i>Number of U5s screened</i>		<i>Number of SAM admissions</i>		<i>Number of SAM Discharges</i>		<i>Number of MAM U5 admissions</i>		<i>No of MAM U5 Discharges</i>		<i>Totals</i>
	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	
<i>Karam</i>	1,246	1,256	68	58	32	34	121	126	33	32	<b>3006</b>
<i>Modit</i>	467	490	28	38	47	43	64	49	55	62	<b>1343</b>
<i>Dakriang</i>	1433	1490	31	39	16	15	46	58	10	3	<b>3141</b>
<b>Totals</b>	3,146	3,236	127	135	95	92	231	233	98	97	7490
<b>Grand Total</b>	<b>6,382</b>		<b>262</b>		<b>187</b>		<b>464</b>		<b>195</b>		<b>7490</b>

## 2.4 Community outreach activities and prevention

Community outreach activities for the OFDA supported sites continue to be carried out by the 7 Tearfund project staff, specifically the 7 extension workers, who are supported by the community nutrition volunteers (CNVs). For this reporting period, the activities under this classification included MUAC screening, referrals, defaulter tracing, community mobilization, dissemination of health, hygiene and nutrition education, Vitamin A supplementation and deworming all of which are done in partnership with community

leaders. For this quarter, there have been inter-sectoral integration of activities with the WASH sector, especially on trainings and hygiene promotion. This approach has been adopted to ensure that both CNVs and other community based structures working in both sectors understand the link between WASH activities and malnutrition, and use them in their daily implementation of the project in the communities as well as at the feeding centers. Tearfund's coverage rate at the end of the quarter is at 36.8%, which is currently below target because there was a slow start to the OFDA project, which started toward the end of October 2014 as a result of prolonged heavy rains with 2 sites picking up steadily in early November. The third site, Dakriang started operations toward the end of the 2<sup>nd</sup> quarter. This was exacerbated by lack of supplies due to pipeline breakages of CSB++ for the Pregnant and Lactating women (something the programme is still experiencing to date), which, as mentioned on page 3, is the result of an interruption in the UNICEF supply chain and will negatively affect Tearfund's capacity to meet its targets. Tearfund remains engaged with UNICEF, the Logistics Cluster, and the Nutrition Cluster to overcome this challenge.

**MUAC Screening and referrals:** Screening for malnutrition is done by a Mid Upper Arm Circumference tape (MUAC). This tape is wrapped at the mid-point of the left upper arm. It is a quick and simple technique for determining malnutrition when used properly. It is also a good indicator of morbidity. During this reporting period, a total of 6,382 children aged between 6-59 months (3185 female and 3197 male) and, 1046 PLWs were screened for malnutrition from the catchment area for OFDA sites. Of the screened children, 5,225 (2,616 female and 2,609 male) were not malnourished (82%), 822 (405 female and 417 male) were moderately malnourished (13%) while 335 (164 female and 171 male) were severely malnourished (5%). For pregnant and lactating women, 676 were normal (65%), 234 were moderate (22%) while 136 were severely malnourished (13%). All the MAM and SAM cases for both children and PLW were referred to the respective feeding centers. Currently, the feeding center in Karam has the highest caseload of the 3 targeted feeding centers.

**Vitamin A supplementation:** Vitamin A supplements, which are provided as Gifts in Kind (GIK) from UNICEF, are offered to children aged 6-59 months without edema for healthy eye sight and to fight infections. Vitamin A supplementation is carried out both at the feeding centers and in the communities during community outreach and home visits. At the feeding centers, it is provided after the 4<sup>th</sup> week in the programme and/or upon discharge from the program while in the community, it is provided to children with a six months interval. A total of 1,602 children (826 female and 776 male) aged between 6-59 months received doses of vitamin A supplementation during the third quarter.

**Deworming:** Mabendazole and or Albendazole tablets also known as antihelminthic drugs, which are provided as GIK from UNICEF, are offered to children aged between 12 – 59 months. These tablets play a key role in halting infections caused by round worms, hookworms and whipworms. Deworming tablets were provided both at the feeding centers and/or in the community during community outreach and home visits. Deworming tablets are provided after a child has completed one week in the program. If signs of re-infection appear, an antihelminthic drug can be given again after three months. During this quarter, 968 children (480 female and 488 male) aged between 12- 59 months received doses antihelminthic drugs.

## 2.5. Trainings and community meetings

Three training courses were conducted during this reporting period. They included: CMAM refresher training for Tearfund extension workers and county Health Department staff and IYCF counsellors and facilitators roll out trainings. For the CMAM training 7 Extension workers (6 Male and 1 Female), 5 CHD staff (All male), 15 IYCF Counsellors (all female) and 2 IYCF Facilitators (all male) were trained as summarized in the table below.

<i>Type of training</i>	<i># of Participants</i>	
	<b>Male</b>	<b>Female</b>
<i>CMAM (TF and CHD staff)</i>	11	1
<i>IYCF Counsellors</i>	0	15
<i>IYCF Facilitators</i>	2	0
<i>Totals</i>	13	16
<b><i>Grant Total</i></b>	<b>29</b>	

The training content for the CMAM refresher included: basic nutrition, malnutrition and its causes, classification of acute malnutrition for CMAM, the burden of acute malnutrition, programs to address acute malnutrition, evolution of CMAM, components of CMAM, identifying acute malnutrition (MUAC, Edema, weight – target weight chart) community outreach, identification of SAM cases with complications for referral to the stabilization center in Lankien – cases. Other issues covered included overview of OTP, admission criteria and categories as well as procedures and quantities of RUTF, routine medication, follow up visits. The same training but for the targeted supplementary feeding program (TSFP) was covered. The IYCF training was focused on key IYCF messages based on UNICEF recommended counselling content.

A meeting was carried out with 22 community leaders, head chiefs and other chiefs and one woman leader on running of IYCF activities. The main aim of the meeting was to share the Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey report and seek community support in rolling out the IYCF activities. During the meeting, the IYCF approach was introduced to attendees and the role of chiefs in IYCF discussed. The chiefs agreed to support in a transparent manner the selection counsellors and mother support group leaders as well as ensuring that support group sessions are occurring smoothly in the community. This approach is working well as the chiefs are now supporting the IYCF activities, including facilitators and counsellors' selection in their own areas. They are also supporting with the mobilization of the support groups in the communities.

### **3. Coordination**

Tearfund works with a number of other stakeholders in implementing projects' activities: these include partners at the national and county levels as well as donors. Coordination with the Nutrition Cluster has been maintained through Tearfund's active participation in the monthly meetings, meeting SPHERE standards, and timely submission of weekly, monthly and quarterly reports. During the reporting period, all the weekly and monthly reports were submitted, the pre-harvest SMART survey (supported by ECHO) was validated by the Nutrition Information Working Group and all the meetings attended as required.

The pre-harvest SMART survey that was completed during this quarter showed the prevalence of GAM in Uror County is estimated at 23.2% (19.5 - 27.5 95% C.I.), SAM at 4.6 % (2.9 - 7.2 95% C.I.) and MAM at 18.6 % (15.5 - 22.2 95% C.I.), which is well above the WHO emergency threshold (15%). There were no edema cases reported. The GAM and SAM prevalence was higher in boys than girls but no significant difference was noted because the confidence interval was overlapping. Fever and diarrhea were the two illnesses most frequently experienced among respondents. Among caretakers who had children with diarrhea, 62% gave either much less fluids than normal or nothing at all when the child was sick, and 56% gave either much less food than normal or nothing at all, pointing to a serious risk of poor nutrient intake among children suffering from diarrhea. The two leading causes of death reported in the survey was violence and diarrhea. The complete report is included as an annex to this report.

At the County level, Tearfund has maintained a strong working relationship with MSF-Holland to facilitate the referral and follow up of children with severe malnutrition and with medical complications. Integration at county level has improved as Tearfund has joined the NGOs coordination group in the Upper Jonglei and Greater Akobo and is participating in the bi-weekly coordination meetings in Waat. It is at these meeting that updates, coverage, security, humanitarian access, gaps, challenges and relations with the local authorities are shared among the partners. There has also been a mutual agreement on collective action and response in cases of local authorities' demands and harassment. Two meetings have so far taken place; the meetings cover all sectors.

### **4. Final Remarks**

The third quarter of implementation for this grant has been crucial in that all the three sites have been set up and all the nutrition services fully established ahead of the hunger gap (May-July). What has been even more significant is the increased coverage of the community-based, UNICEF recommended IYCF strategy which is key to addressing underlying causes of malnutrition. The program has however struggled with supplies for malnourished pregnant and lactating women due break pipeline breakages and will continue to overcome these challenges by engaging with the Logistics and Nutrition clusters and preparing additional charters to transport the supplies. The focus at this point in time is to have the IYCF activities running well as required but also to strengthen inter sectoral integration of these activities with treatment of malnutrition.



## Indicator table

	Indicators	Baseline	Project Target	Achieved to date (Reporting Period)	Achieved Cumulative	Remarks
<b>Management of Moderately Acute Malnutrition(MAM)</b>						
Indicator 1:	Number of sites managing MAM	0	3	All 3 sites established and operational	3 Nutrition sites established	All the three outreach sites established.
Indicator 2:	Number of people admitted to MAM services, by sex and age*	0	TOTAL: 3606 2,707 children under 5 (female: 1,299; male: 1,408) 901 PLWs	TOTAL: 560 □464 children under 5 (female: 231; male: 233) 96 PLWs	TOTAL: 1,326 1,125 children under 5 (female: 593; male: 532) 201 PLWs	TSFP- PLW has been affected by lack of supplies/pipeline breakage. Tearfund remains engaged with UNICEF, the Logistics Cluster, and the Nutrition Cluster to ensure that supplies arrive in the quantities requested and on time
Indicator 3:	Number of health care providers and volunteers trained in the prevention and management of MAM, by sex.	0	□204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF women (60 per each Feeding Center location)	TOTAL: 29 ▪ 7 Extension workers ( 6 Male and 1 Female) ▪ 5 CHD ▪ 15 IYCF Counsellors ( All female) ▪ 2 IYCF Facilitators ( All male)	TOTAL: 59 • 18 CNVs ( 6 female; 12 male) • 12 IYCF ToTs ( 2 female; 10 male) • 7 Extension workers(5 male 1 female) • 15 IYCF Counsellors- disaggregate by gender • 2 IYCF Facilitators	The approach to IYCF is based in the communities with mother to mother support groups. The aim is to train 37 counsellors who support 6 mother to mother support groups each (each group contains on average 12 woman). As a result, the target number of women reached with IYCF messaging is 2,664.
Additional Indicators	% of coverage in project area	0	>50%		36.8%	The coverage is calculated as a percentage of the expected caseload (i.e. number of admissions over the target). The number is below target in part because the project could not begin as a result of prolonged rains in Q1, the third center in Dakriang only opened in Q2, and the recent

						2019 pipeline breakage has reduced the number of admissions.
Additional Indicators	% of target population are within less than a day's walk (incl treatment) of the programme site	0	>90%			To be measured by a survey planned at the end of the project
Additional Indicators	% of discharges from targeted supplementary feeding programme who have recovered or defaulted	0	>75% recovery rate	85.6%	85.6%	Above sphere standards
			<15% Defaulter rate	11.3%	11.3%	Within sphere standards
Management of Severe Acute Malnutrition (SAM)						
Indicator 1:	Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age*	0	204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF women (60 per each Feeding Center location)	TOTAL: 29 <ul style="list-style-type: none"><li>7 Extension workers ( 6 Male and 1 Female)</li><li>5 CHD</li><li>15 IYCF Counsellors ( All female)</li><li>2 IYCF Facilitators ( All male)</li></ul>	TOTAL: 59 <ul style="list-style-type: none"><li>18 CNVs ( 6 female; 12 male)</li><li>12 IYCF ToTs ( 2 female; 10 male)</li><li>5 Extension workers(1 Female 4 Male)</li><li>7 Extension workers</li><li>15 IYCF Counsellors</li><li>2 IYCF Counsellors</li></ul>	The approach to IYCF is based in the communities with mother to mother support groups. The aim is to train 37 counsellors who support 6 mother to mother support groups each (each group contains on average 12 woman). As a result, the target number of women reached with IYCF messaging is 2,664.
Indicator 2:	Number of sites established/rehabilitated for inpatient and outpatient care	0	3 for outpatient care and 1 stabilization center	All 3 sites established and operational	3 Nutrition sites established	All the three outreach sites established. Plans for stabilisation center were cancelled, as reported in Q2 report and the money re-programmed to achieve approved project objectives.
Indicator 3:	Number of people treated for SAM, by sex and age*	0	486 children under 5 (female: 233; male: 253)	TOTAL: 262  (female: 127; male: 135)	TOTAL: 601  (Female 307; male 294)	The target has been exceeded
Indicator 4:	Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay	Defaulter Rate 0%	Defaulter Rate <15%	11.6%	11.9%	
		Recovery Rate 0%	Recovery Rate >75%	77.9%	77.9%	
		Admission Rate	Admission Rate: 100%	123.7%	123.7%	



		0%				
		Non Respond er Rate 0%	Non Responder Rate: <10%	8.2%	8.8%	
		Length of Stay 0	Length of stay (estimated 60 days)	66.5	66.5	Slightly above sphere standards of less than 60 days
Additional Indicators	% of patients identified for specialized care referred immediately to stabilization center or inpatient care center.	0%	100%	6 (3 Male and 3 Female) 100%	11 – 100%	
<b>IYCF</b>						
Indicator 1	Number and percentage of infants 0-<6 months of age who are exclusively breastfed					To be measured by a survey planned at the end of the project
Indicator 2	Number and percentage of children 6- <24 months of age who received foods daily from 4 or more food groups					To be measured by a survey planned at the end of the project
Indicator 3	Number of people receiving behavior change education, by sex and age (0-11 months, 1-4 years, 5-14, 25-49 years, 50-60 years, and 60+)			Total: 2,839  • 2,621 Female and 218 Male all 15-49 years of age	Total: 5,468  • 5,147 Female and 321 Male all 15- 49 years of age	Mother support group sessions have started and were added to this
Additional Indicator	Continued breastfeeding rate at 1 and 2 years (WHO indicators to complement OFDA indicator 1)					To be measured by a survey planned at the end of the project
Additional Indicator	Percentage of mothers initiating breastfeeding within an hour after delivery.					To be measured by a survey planned at the end of the project
Additional Indicators	Number and Percentage of children introduced to semi solid or soft food at the appropriate time.					To be measured by a survey planned at the end of the project
Additional Indicators	Percentage of children fed at least 3 times a day.					To be measured by a survey planned at the end of the project